

P18000044768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

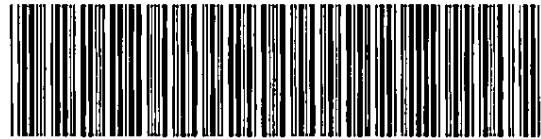
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700322052247

01/04/19--01018--021 \*\*35.00

19 JAN -4 PM 12:05

O CHAMBERS  
JAN 14 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CONVEY LOGISTICS INC.  
Name of Corporation

DOCUMENT NUMBER: P18000044768

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALYN HUGHES SULLO  
Name of Contact Person

CONVEY LOGISTICS INC.  
Firm/Company

16390 NE 20<sup>th</sup> Street  
Address

Williston, FL 32696  
City/State and Zip Code

gerisullo@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geralyn Hughes SULLO at (352) 476-7077  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONVEY LOGISTICS INC.
2. The principal office address: 16390 NE 20<sup>th</sup> Street  
Williston, FL 32696
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 5/2018 Document number: P18000044768

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GERALYN HUGHES SULLO  
6657 West Hilger Ct.  
Homasassa, FL 34448

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN P. MCKELVEY  
16390 NE 20<sup>th</sup> Street  
Williston, FL 32696

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Geraldyn Hughes SULLO  
Signature of an officer or director

President - Geraldyn Hughes SULLO  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

12-31-2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*